

# BASIC CERTIFICATION EXAM REGISTRATION FORM

With this form, I request to take the certification examination(s) circled below. I understand that I may take no more than two examinations per day.

NAME: \_\_\_\_\_ DATE: \_\_\_\_\_

MAILING ADDRESS: \_\_\_\_\_

\_\_\_\_\_  
Telephone: \_\_\_\_\_

MUNICIPALLY APPOINTED:    ☐ YES    ☐ NO    IF YES, TOWN(S) \_\_\_\_\_

HAS YOUR JOB DESCRIPTION BEEN FILED WITH THE OFFICE:      ☐ YES      ☐ NO

**\*\*The certification rule requires a municipality to file a job description with the Office.**

**Without it, the Office is unable to determine your certification requirements.**

LOCATION: ☐ Bangor ☐ Auburn ☐ South Portland

**PLEASE SELECT ONLY ONE SEATING FOR EACH EXAM REQUESTED BY CIRCLING THE APPROPRIATE LETTERS:**

EXAMINATIONS:                      JANUARY                      APRIL                      JULY                      OCTOBER

Legal Issues J A L O

**Note: The Legal Issues Exam is required of all Code Enforcement Officers and Local Plumbing Inspectors.**

Court Rule 80-K                      J                      A                      L                      O

SPECIALTY AREAS:

Shoreland Zoning	J	A	L	O
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Land Use Regulation J A L O

Building Standards J A L O

Internal Plumbing Rule (State Code)	J	A	L	O
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Subsurface Wastewater Disposal Rule (State Code)	J	A	L	O
Alabama				
Alaska				
Arizona				
Arkansas				
California				
Colorado				
Connecticut				
Delaware				
District of Columbia				
Florida				
Georgia				
Hawaii				
Idaho				
Illinois				
Indiana				
Iowa				
Kansas				
Kentucky				
Louisiana				
Maine				
Maryland				
Massachusetts				
Michigan				
Minnesota				
Mississippi				
Missouri				
Montana				
Nebraska				
Nevada				
New Hampshire				
New Jersey				
New Mexico				
New York				
North Carolina				
North Dakota				
Ohio				
Oklahoma				
Oregon				
Pennsylvania				
Rhode Island				
South Carolina				
South Dakota				
Tennessee				
Texas				
Utah				
Vermont				
Virginia				
Washington				
West Virginia				
Wisconsin				
Wyoming				

**THIS REGISTRATION FORM MUST BE RECEIVED NO LATER THAN THE TENTH DAY OF THE MONTH THE EXAM IS OFFERED! CONFIRMATION OF TIME AND PLACE FOR THE EXAMS SELECTED WILL BE SENT TO YOU.**

**RETURN THIS FORM TO:** Executive Department                      **OR FAX TO: (207) 287-5756**  
State Planning Office  
38 SHS, Augusta, ME 04333-0038